

Current clinical research related to the health of ethnic minority populations is essential to eliminate health disparities. Readers of *Ethnicity & Disease* may be interested in the progress and results of the following clinical trials. These trials describe only some of the research performed in ethnic minority health; other current trials may be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). The information below was accurate at press time; the study researchers should be contacted for more information.

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## ADAPT-ALTERING DIET FOR AFRICAN AMERICAN POPULATIONS TO TREAT HYPERTENSION

The purpose of the study is to develop a culturally appropriate Dietary Approaches to Stop Hypertension (DASH) intervention and test the effectiveness of the intervention in lowering blood pressure in a group of African American participants at risk for developing hypertension (prehypertension) and those with mild hypertension (stage I).

Inclusion criteria: age  $\geq 25$  years, baseline blood pressure 120–159/80–95 mm Hg, willingness and ability to participate fully in all aspects of the intervention, not on rigid diet, informed consent, body mass index 18.5–45.0 kg/m<sup>2</sup>.

Exclusion criteria: regular use of antihypertensive drugs or other drugs that raise or lower blood pressure (any in previous

Sponsored by: the University of Alabama at Birmingham and the National Institutes of Health, National Heart, Lung, and Blood Institute

three months), current use of insulin or oral hypoglycemic agents, use of oral corticosteroids more than five days/month on average, current use of medications for treatment of psychosis or manic-depressive illness, use of oral breathing medications other than inhalers more than five days/month on average, use of weight-loss medications in previous three months.

Study start: January 2005  
Study end: October 2009

This study is currently recruiting patients. Contact Catherine C. Bethea, MA, University of Alabama at Birmingham, Department of Nutrition Sciences, Birmingham, Alabama; 205-975-4907; [ccbethea@uab.edu](mailto:ccbethea@uab.edu).

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## EFFECT OF HIGH BLOOD PRESSURE AND ANTIHYPERTENSIVE TREATMENT ON BRAIN FUNCTIONING IN CHILDREN

Hypertension affects up to 10% of minority children and adolescents. Although complications of hypertension, such as stroke and heart attack, are uncommon in childhood, hypertension-related organ damage can occur at a young age. Studies with young adults have indicated that hypertension can affect the central nervous system, resulting in deficits in brain function. However, more research is necessary to confirm the association between neurocognitive deficits and hypertension in children

and to determine if these deficits are reversible with treatment. This study will determine whether hypertension in children and adolescents has subtle effects on learning, attention, and concentration. The study will also determine the effect of an antihypertensive treatment plan—one that involves a combination of diet, weight loss, increased exercise, and if needed, blood pressure medication—on brain function in children and adolescents receiving treatment for high blood pressure.

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Inclusion criteria: age 10–18 years; English speaking; no known learning disorder, disorders of cognitive function, treatment with medications for attention deficit, or history of severe head injury (loss of consciousness  $> 30$  minutes); casual blood pressure  $\geq 90$ th percentile for age, sex, and height during clinic visit and on at least two other previous occasions.

Exclusion criteria: secondary cause of high blood pressure, chronic disease, history of treatment for elevated lead level,

history of maternal substance use during pregnancy, evidence of obstructive sleep apnea.

Study start: January 2005  
Study end: January 2010

This study is currently recruiting patients. Contact Marc B. Lande, MD, University of Rochester, Rochester, New York; 585-275-9784; [marc\\_lande@urmc.rochester.edu](mailto:marc_lande@urmc.rochester.edu).

## CLINICAL RESEARCH

### PREVENTION OF DIABETES AND HYPERTENSION (PHIDIAS)

Antihypertensive therapy with  $\beta$ -blockers and diuretics is accompanied by a higher incidence of diabetes mellitus than therapy with angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs). Whether this difference is due to an antidiabetogenic action of ACE inhibitors and ARBs or to the fact that these agents are free of the diabetogenic activity of  $\beta$ -blockers and diuretics is unknown. The primary objective of PHIDIAS is to test whether adding either an ACE inhibitor or an ARB to

lifestyle counseling in individuals who are predisposed to diabetes and hypertension addition can reduce onset of these conditions significantly more than counseling plus placebo. Secondary objectives are to compare the antidiabetogenic effects of ACE inhibitors and ARBs and to investigate whether the effects of ACE inhibitors and ARBs on diabetes and hypertension persist at least six months after treatment withdrawal.

Inclusion criteria: age 40–75 years, blood pressure 130–140/85–90 mm Hg, fasting glucose

100–126 mg/dL, waist circumference  $\geq 102$  cm in men or  $\geq 88$  cm in women.

Exclusion criteria: use of any antihypertensive, antidiabetic, or antiobesity medication at randomization or in prior six months; current or previous cardiovascular or renal disease requiring continuous administration of diuretics,  $\beta$ -blockers, ACE inhibitors, ARBs, calcium antagonists, or any other antihypertensive medication; hepatic disease; chronic renal dysfunction; any gastrointestinal disorder that interferes with drug

absorption; malignancy in last five years; clinically significant autoimmune disorder; drug or alcohol abuse in last five years; history of noncompliance to medical regimens.

Study start: September 2007

Study end: September 2012

This study is not yet open for participant recruitment. Contact Alberto Zanchetti, MD, Istituto Auxologico Italiano, Milan, Italy; 39-026-1911-2894; alberto.zanchetti@unimi.it.

Sponsored by: the Istituto Auxologico Italiano, the Italian Society of Hypertension, the Italian Society of General Practitioners, and Yghea

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### SIMVASTATIN USED TO TREAT PULMONARY HYPERTENSION

Statins are believed to interfere with the pathogenesis of pulmonary hypertension by improving apoptosis or inhibiting the proliferation of pulmonary vascular smooth muscle cells. Conse-

quently, we examine the effectiveness of simvastatin to treat advanced pulmonary hypertension caused by congenital heart disease or chronic pulmonary embolism before and after surgery.

Study start: January 2009

Study end: January 2012

Inclusion criteria: age 12–70 years, systolic pulmonary artery pressure  $> 50$  mm Hg.

Sponsored by: Capital Medical University

This study is not yet recruiting patients. Contact Huili Gan, MD, PhD, Beijing Anzhen Hospital, Beijing, China; 130-0127-7863; ganhuili@hotmail.com.